OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT

		USING	EITHER ADOBE ACROBAT PRO OR READER	₹
NAME OF OFFICIAL		ODT.	ay Huber, Commissioner	
PHONE NUMBER:		JK1:	ay riuber, commissioner	
	jhuber@co.shoshor	ne.id.us		
OPIOID SETTLEME	NT FUNDS BALANC	E AT BE	GINING OF FY 22: \$0.00	
OPIOID SETTLEME	NT FUNDS RECEIVE	D IN FY	22: \$19,252.32	
TOTAL OPIOID SET	TLEMENT FUND EX	EPNDIT	TURES IN FY 22: \$0.00	
OPIOID SETTLEME	NT FUND BALANCE	AT END	O OF FY 22: \$19,252.32	
ITEMIZATION OF P	AYMENTS RECEIVE	D:		
Payment Date	Payment Amount		Source of Payment	
06/23/2022	\$19,252.32	unt	National Opioids Settlement FD Trust	
			TO	OTAL: \$19,252.32
*List of approved u	ses with section an	d subse	ctions available <u>here</u>	
Approved Use	Approved Use	Desc	ription of Use	Amount
Approved Use Section	Approved Use Subsection	Desc	ription of Use	Amount Expended
II 5 . E	100 March 100 Ma	Desc	ription of Use	55. 50
II 5 . E	100 March 100 Ma	Desc	ription of Use	55. 50
II 5 . E	100 March 100 Ma	Desc	ription of Use	55. 50
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II 5 . E	100 March 100 Ma	Desc	ription of Use	55. 50
II 5 . E	100 March 100 Ma	Desc		585 505
II 5 . E	100 March 100 Ma	Desc		Expended
Section	Subsection		TC	Expended DTAL: \$0.00
Section By signing below I	Subsection warrant that all info	prmatio	TO n provided in this form is true and correct; t	Expended DTAL: \$0.00
By signing below I vsettlement funds ex	Subsection warrant that all info	ormation ve entit	n provided in this form is true and correct; t	DTAL: \$0.00
By signing below I visettlement funds ex	warrant that all info	ormatio. ve entit	TO n provided in this form is true and correct; t	DTAL: \$0.00 that all opioid in and included
By signing below I visettlement funds ex	warrant that all info	ormatio. ve entit	n provided in this form is true and correct; t y have been expended on approved uses as state Allocation Agreement linked to above	DTAL: \$0.00 that all opioid in and included
By signing below I visettlement funds exertibit A to the Ida on this form; and the	warrant that all info	ormatio. ve entit	n provided in this form is true and correct; t y have been expended on approved uses as state Allocation Agreement linked to above thority to sign and submit this form on beh	Expended DTAL: \$0.00 that all opioid in exand included alf of the above
By signing below I visettlement funds exertibit A to the Ida on this form; and the	warrant that all info	ormatio. ve entit	n provided in this form is true and correct; t y have been expended on approved uses as state Allocation Agreement linked to above	Expended DTAL: \$0.00 that all opioid in exand included alf of the above

Executed forms should be emailed to $\underline{opioidsettlement@ag.idaho.gov}$